

**WINE** (OVER 5% ALCOHOL BY WEIGHT,  
6.25% BY VOLUME, OR 12.5 BY PROOF)

d/b/a \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_

PREPARED BY \_\_\_\_\_

CONTACT PHONE \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

WINE RECIPIENT:	DATE	INVOICE/ ORDER NO.	TOTAL GALLONS	WINE TAX \$1.75/Gallon	SHIPPING COMPANY	ALCOHOL CARRIER LICENSE PERMIT AC #	TRACKING NUMBER
NAME:  ADDRESS:  CITY, STATE, ZIP							
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<b>TOTAL NO. GALLONS:</b>							
<b>TOTAL TAX REMITANCE:</b>							